

ORDERS FOR WEDNESDAY,
DECEMBER 2, 2009

Mr. DURBIN. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 9:30 a.m. tomorrow, Wednesday, December 2; that following the prayer and pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day, and the Senate resume consideration of H.R. 3590, the health care reform legislation, for debate only, with no amendments or motions in order; and that the time until 11:30 a.m. be equally divided, with alternating blocks of time, with the Republicans controlling the first 30 minutes, the majority controlling the second 30 minutes; further that the Senate recess from 11:30 a.m. to 12:30 p.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

PROGRAM

Mr. DURBIN. Mr. President, rollcall votes are expected to occur throughout the day.

ORDER FOR ADJOURNMENT

Mr. DURBIN. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it adjourn under the previous order, following the remarks of Senators ENZI and INHOFE.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Wyoming.

HEALTH CARE REFORM

Mr. ENZI. Mr. President, after the speech by the Senator from Illinois, I feel compelled to make a few comments. One, he challenged us a little bit to do a bill in 2,000 pages or less. I am one of those people who do not think it can be done in less. I do not think there are nearly enough pages there to solve the biggest problem in the United States for every American.

People are not comprehending how big health care is. The bill we are doing will affect 100 percent of the people in America. I do not know if we have ever had a bill before that affected 100 percent of the people—100 percent of the people, 100 percent of the professions, 100 percent of the businesses. This is big. Everybody has a role in health care, and we are trying to condense it into 2,000 pages and make it seem a lot simpler than it is.

The reason our side has been saying you need to take this a step at a time and get it right is because that gives up some of the right. There are over 200 references in the 2,000 pages that say the Secretary of Health and Human Services will solve that particular problem; in other words, put in the details. We do not have nearly the details

in there to actually run health care for America. Without the details, we do not know what the devil is, and that is the difficulty. So we really ought to break it down a step at a time.

One step I really think would calm America down is if we did Medicare as a separate step. That way we could assure seniors that Medicare was going to be for Medicare. Yes, there are savings in Medicare. Yes, Medicare is going broke. Use the savings for Medicare. It seems pretty simple to me.

One of the things they are complaining about is the doc fix we have. We are not paying doctors adequately to be willing to take Medicare patients. Of course, we are not paying them adequately to take Medicaid patients either. But we are not paying them right. It would cost about \$250 billion to fix that.

Well, if we are talking about \$464 billion worth of savings in Medicare, why not use that \$250 billion to fix that problem so we have doctors. I do not care what kind of insurance you have, I do not care how much you pay for the insurance, if you cannot see a doctor, you really do not have insurance. That is what seniors are being faced with. That is what Medicaid people are being faced with.

Medicaid—well, that is another piece that ought to be maybe a step because 40 percent of the doctors will not take a Medicaid patient because they are not being paid adequately for it. If you are not paid adequately, you go broke. They are small businesses. They are affected by this bill in more than one way. They have to provide what we are saying is a government requirement for the minimum insurance they have, and they also have to live with whatever rules we put in there and whatever pay fixes we put in there.

On the government option, one of the things CBO said was, the only way that would ever bring down costs is if the government fixes prices for the doctors, for the hospitals. Well, we are kind of doing that in this bill for Medicare because we are telling nursing homes they are going to take a big cut. Nursing homes do not have a lot of margin, and if nursing homes go broke, people have to go a long ways, sometimes—in Wyoming, anyway, and Colorado, wherever we have rural populations—they may have to go a long way to see their loved one. They may not even be able to do it. So we have to keep those small nursing homes in business as well.

So we ought to do this in steps and get it right. That is one of the problems that the Group of 6 ran into. We were not given the time. We allocated about 13 different areas to go through. I think we made it through 5 completely and probably 3 fairly completely, and the rest we were just asking basic questions. With any business, it looks pretty easy until you scratch the surface a little bit, and when you scratch the surface, you find out that every job out there is fairly com-

plicated. If you have never done it before, and you are trying to come up with 2,000 pages worth of laws to govern that, you are probably going to get it wrong.

That is what the doctors are telling us. That is what the other providers are telling us. This bill has it wrong, in a lot of places, enough places that it is going to cause a crisis in America if this bill passes the way it is.

We have never passed a major bill in this body with just one side voting for it. If that were to happen, the other side would take potshots at anything that turned out to be something that had not been comprehended when the bill was written. And there will be plenty of that in here.

But just as important, the American people will not have confidence in it. They do not have confidence in us now—either side. I think that is what the elections in Virginia and New Jersey said. That is what the tea parties are saying. They are saying: We don't trust any of you. Throw the whole bunch out. Start over.

Well, we need to stop and get their confidence. Just steamrolling from one side, even if they have the 60 votes, is not going to do that. I have been saying that since we started. It is something so important that we have to get it right, and we do not have it right in this bill because there are a whole bunch of things, over 200, where we said to the Secretary of Health and Human Services: You figure that one out. Well, that is going to be thousands of pages, and it is going to be done by an unelected bureaucrat. It is not going to be approved by this body.

We ought to take the responsibility for getting those things right. And we can. Yes, it takes time. Yes, we have a lot of things to do. But I am in agreement that health care is the most important thing we have to do. But we ought to take the time to get it right.

There are a lot of ideas out there that would—in fact, one of the things that always upsets me when they say: So where is the Republican version? Well, I have been working on this thing for about 4 years. I have been working on it, actually—health care—ever since I got on the committee over 13 years ago, but for the last 4 years pretty intensively.

Senator Kennedy and I sat down and worked out principles we wanted to have. The principles are still the principles we are talking about around here. We want to make sure people are covered in catastrophic situations. We want to make sure preexisting conditions are taken care of. We want to make sure they have portability when they go from one job to another. The list goes on and on. We reached agreement. He was busy working on the Higher Education Act because it was way past due for being reauthorized, so I was kind of released to go talk to everybody on health care. I worked that. I worked both sides of the aisle, finding out ideas they had, and boiled it down to a 10-step plan.